

ARF Youth Evaluation



 At what school or club did you participate in A 	ARF?
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2. Did you complete at least five out of six weeks of ARF for each incentive period? Circle

Yes No

3. If you did not complete at least five weeks of ARF, what kept you from reaching the goal?

4. What did you like best about ARF?

5. How can we make ARF better?

6. Would you like to be a part of ARF next year?